

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10/655644</u>	FILING DATE			
							APPLICANT(S)				
2/21/16							CLAIMS				
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	1		1				51				
2	1		1				52				
3	1		1				53				
4	1		1				54				
5		15		14			55				
6		14		14			56				
7		14		14			57				
8							58				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4		4				TOTAL IND.				
TOTAL DEP.	12		5				TOTAL DEP.				
TOTAL CLAIMS	16		9				TOTAL CLAIMS				